

PTO/SB/21 (09-04) *JFW***TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/021,850

Filing Date

December 13, 2001

First Named Inventor

Quake

Art Unit

1753

Examiner Name

Noguerola, A.

Attorney Docket Number

20174C-000430US

**ENCLOSURES** (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address      | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Statement Under 37 CFR 3.73(b)  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  | Return Postcard   |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Randolph Ted Apple

Date

7/29/05

Reg. No.

36,429

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Jennifer O'Brien

Date

7-29-05



PTO/SB/21 (09-04)

**TRANSMITTAL  
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10/021,850

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December 13, 2001

First Named Inventor

Quake, Stephen

Art Unit

1753

Examiner Name

Alexander Stephen Noguerola

Attorney Docket Number

20174C-000430US

**ENCLOSURES (Check all that apply)**

- |  |   |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Change of Correspondence Address;<br>Return Postcard |
|--|---|---|

Remarks

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Randolph Ted Apple

Date

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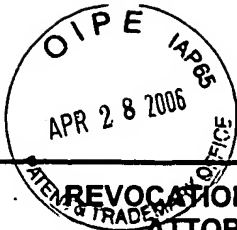
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Brad J. Loos

Date

07/27/05



PTO/SB/82 (09-04)

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/021,850
Filing Date	December 13, 2001
First Named Inventor	Quake et al.
Art Unit	1753
Examiner Name	A. Nogueraola
Attorney Docket Number	20174C-000430US

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

**20350**

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

**20350**

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Adam Cochran, Intellectual Property Counsel

Date

**APR 11 2006**

Telephone

(626) 395-4568

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Stephen R. QUAKE et al.Application No./Patent No.: 10/021,850Filed/Issue Date: December 13, 2001

Entitled:

California Institute of Technologya University

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010558, Frame 0885, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is  
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Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
\_\_\_\_\_  
SignatureAPR 11 2005  
\_\_\_\_\_  
DateAdam Cochran(626) 395-4568

Printed or Typed Name

Telephone Number

Intellectual Property Counsel

\_\_\_\_\_  
Title

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/021,850
Filing Date	December 13, 2001
First Named Inventor	Quake, Stephen R.
Art Unit	1753
Examiner Name	Alexander Stephen Noguera
Attorney Docket Number	20174C-000430US

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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 36,429
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

Typed or Printed  
Name Randolph Ted Apple

Date

Telephone

7/27/05 650-326-2400

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.